

Elder Suicide

In the United States and in Pennsylvania, the highest rates of suicide are among older adults, particularly men in their eighties. Suicidal behavior in late life is intentional and lethal, especially among older white males. Many older adults who complete suicide recently visited a primary care physician. 20% took their lives on the same day and 40% within one week. Older adults who complete suicide are more likely to experience a late onset episode of depression.

Key Risk Factors of Elder Suicide

- Depression
- Chronic or terminal illnesses, chronic pain
- Widowed (especially if recently bereaved)
- Isolation or poor social support
- Alcohol use
- Access to firearms
- Low self-esteem, poor coping skills
- Financial loss or hardship

Important Protective Factors for Elders

- Readily available family and social supports
- Willingness to seek help
- Access to community supports.
- Restricted access to lethal means of suicide
- Good problem solving conflict resolution skills
- Beliefs that discourage suicide; spirituality

Reasons to Seek Help

- Expressions of hopelessness
- Feeling trapped/no way out/helpless
- Withdrawing from family, friends, activities
- Dramatic mood changes
- Rage, anger, revenge, recklessness
- Increasing alcohol and/or drug use
- Anxiety, agitation, sleep problems
- No reason for living

Personal Care Providers may be able to Help or Give Referrals for these Problems

When to Call for Emergency Help 610-279-6100 (Suicide Hot Line) or 9-1-1

- If someone is threatening to hurt or kill himself or herself
- If someone is looking for ways to take her or his life (i.e., a gun, pills, other means)
- If someone is talking, texting, writing, or drawing about death, dying, or suicide
- If someone who needs ongoing care or help suddenly says that he or she will no longer need it